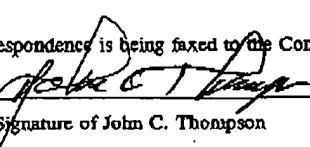


I hereby certify that this Correspondence is being faxed to the Commissioner for Patents at fax number 571-273-8300
 on 5/15/08  5/15/08
 Date Signature Date of Signature

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MAY 15 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Appl. No. : 10/622,419
 Applicant : Walter Pokorny et al
 Filed : July 18, 2003
 Group Art Unit : 1791
 Examiner : Luk, Emmanuel
 My Docket No. : IVd06US
 Customer No. : 29313

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

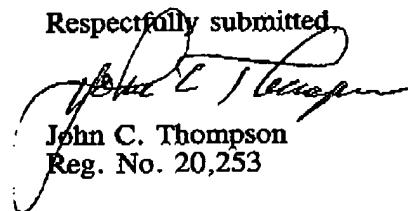
RESPONSE TO
 NOTICE REQUIRING EXCESS CLAIM FEES

Sir:

In response to the notice of May 2, 2008, which follows please apply the following Credit Card Payment to the above identified application. As this payment complies with the NOTICE, a prompt action on the merits of this application is respectfully requested.

In that all claims are deemed to be allowable for the reasons set forth in applicant's last response, the allowance of this application is respectfully requested.

Respectfully submitted,


 John C. Thompson
 Reg. No. 20,253

69 Grayton Road
 Tonawanda, NY 14150

(716) 832-9447
 Facsimile: (716) 706-1428

2 pages follow

05/15/2008 HARR211 00000002 10622419
 210.00 0P
 01 FC:1201

NOTICE REQUIRING EXCESS CLAIMS FEES	Application No.	Applicant(s)
	10/622,419	POKORNY ET AL.
		Art Unit
		2800

The excess claim(s) filed on 23 April, 2008 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$ 210.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- 1. The funds in Deposit Account No. are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 2. The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- 4. The fee submitted in this application is insufficient. A balance of \$ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- 5. Other.

Explanation (*Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due:*)

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS): /Trina Steptoe/ Phone Number: 571-272-1627

Note to TSS: Please do NOT use this notice if the application is under a final rejection.